

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 03, 2003 8:00 am**  
**Secretary of State**

03-03-2003 90435 023 \*\*\*150.00

**DOCUMENT # 526347**

1. Entity Name  
**ADVANCED MARKETING SOUTHEAST, INC.**



Principal Place of Business  
**2412 S.E. 27 STREET**  
**OCALA FL 34471-0703**  
**US**

Mailing Address  
**2412 S.E. 27 STREET**  
**OCALA FL 34471-0703**  
**US**



2. Principal Place of Business

**580 NE 45 TERRACE**

Suite, Apt. #, etc.

3. Mailing Address

**580 NE 45 TERRACE**

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

**OCALA FL**

City & State

**OCALA FL**

4. FEI Number

**59-1738314**

Applied For

Not Applicable

Zip

Country

**34470-1496 USA**

Zip

Country

**34470-1496**

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**TROW, CHESTER**  
**7 EAST SILVER SPRINGS BLVD.**  
**OCALA FL 34470**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>FYE, JOHN</b>	
STREET ADDRESS	<b>2412 SE 27 STREET</b>	
CITY-ST-ZIP	<b>OCALA FL 34471</b>	
TITLE	<b>VT</b>	<input type="checkbox"/> Delete
NAME	<b>FISHER, TOM</b>	
STREET ADDRESS	<b>2916 STARMOUNT DR.</b>	
CITY-ST-ZIP	<b>VALRICO FL 33594</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>ARCHER, GEORGE</b>	
STREET ADDRESS	<b>228 BRIAR CREEK RD.</b>	
CITY-ST-ZIP	<b>GREER SC 29651</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>MOULTON, LAWRENCE</b>	
STREET ADDRESS	<b>12001 S.W. 61 PLACE ROAD</b>	
CITY-ST-ZIP	<b>OCALA FL 34481</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FYE, JOHN</b>	
STREET ADDRESS	<b>580 NE 45 TERRACE</b>	
CITY-ST-ZIP	<b>OCALA, FL 34470-1496</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED FYE**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-1-03**

Date

**352-208-5422**

Daytime Phone #

CR2E034 (10/02)